

## **ATTACHMENT 2**

### **PROGRAM REPORTING FORMS**

1. Attachment II, Form I and II – 90 Day Financial Statement / Compilation of Costs  
(Item 4 to be completed by a Certified Public Accountant)
2. Program Report – 90 Day Narrative with Outline
3. Reimbursement Request Form
4. Budget Modification Request Form

**ATTACHMENT II  
FORM - I  
NEIGHBORHOOD TOURIST DEVELOPMENT FUND  
FINANCIAL REPORT**

For the period: \_\_\_\_\_ To: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 Event Title: \_\_\_\_\_  
 Event Date: \_\_\_\_\_  
 President: \_\_\_\_\_  
 Treasurer: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**REVENUES**

Description	NTDF	Other	Total
1.	\$	\$	\$
2.			
3.			
4.			
5.			
6.			
<b>TOTAL REVENUES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**EXPENDITURES**

Category	NTDF	Other	Total
1.	\$	\$	\$
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>REVENUES OVER/UNDER EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**A. If balance is positive, please describe use of income:**

- \_\_\_\_ Use for sponsoring organization's general operations.  
 \_\_\_\_ Use for funding of future similar event.  
 \_\_\_\_ Donate to beneficiary organization. Name: \_\_\_\_\_  
 \_\_\_\_ Other - Attach detailed explanation

**B. If balance is negative, attach detailed explanation of plans to resolve outstanding indebtedness.**

## ATTACHMENT II

### FORM - II

We have compiled the accompanying statement of revenues and expenses of the

\_\_\_\_\_  
(event) as of \_\_\_\_\_, in accordance with standards established by

(date) the American Institute of Public Accountants.

A compilation is limited to presenting, in the form of financial statements, information that is the representation of management. We have not audited the accompanying financial statements and accordingly do not express an opinion on them.

Based on my review, I am not aware of any material modifications that should be made to the accompanying statement of revenues and expenses - cash basis, in order for it to be in conformity with the cash basis of accounting.

This report is intended solely for the information and use of the board of directors and management of the

\_\_\_\_\_  
(Organization)

and the Neighborhood and Community Services Department of the City of Kansas City, Missouri. This restriction is not intended to limit the distribution of this report, which is a matter of public record.

Sincerely,

# **90-Day Program Report**

**Name of Event**

**Location of Event**

## **Final Narrative Report**

This narrative report must include activities and accomplishments compared to program goals. Explain any problems the agency had and describe any changes that would need to be made. The report should also include information about event planning, event participation and discuss the positives and negatives encountered by the agency. The report should assess the impact of the event or project.

## **Outline**

**Estimated Attendance:**

**Weather:** (if outdoor event) what was the weather like?

**Activities:** What types of activities were used ie. Pony rides, artists, face painting

**Advertising:** How was the advertising done?

**Community Support:** How did the community help?

**Overview:**



# NEIGHBORHOOD TOURIST DEVELOPMENT FUND

City of Kansas City, Missouri, Neighborhood & Community Services Department

## REIMBURSEMENT REQUEST FORM

Contract Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Agency		City Staff
Budget Line Item Category	Reimbursement Amount Requested	Reimbursement Amount Approved
A. Postage		
B. Entertainment		
C. Printing		
D. Permits		
E. Security		
F. Trophies/Awards		
G. Equipment Rental		
H. Facility Rental		
I. Advertising		
J. Office Supplies		
K. Long Distance Calls		
L. Costume Rental		
M. Catering		
N. Insurance		
O. Promotional Material		
P. Exhibit Rental		
Q., Minor Equipment		
R. Publicity		
<b>APPROVED REIMBURSEMENT TOTAL</b>		
I certify these costs to be both correct and applicable to the above contract.		
Certified by _____ Date _____ <small>Project Director / Manager</small>		
Prepared by _____ Date _____ <small>Accountant / Bookkeeper</small>		
Payment Approved by _____ Date _____ <small>Contract Administration Manager, Neighborhood &amp; Community Services Department</small>		



# **NEIGHBORHOOD TOURIST DEVELOPMENT FUND**

City of Kansas City, Missouri, Neighborhood & Community Services Department

## **REIMBURSEMENT REQUEST FORM**



# NEIGHBORHOOD TOURIST DEVELOPMENT FUND

City of Kansas City, Missouri, Neighborhood & Community Services Department

## REIMBURSEMENT REQUEST FORM

If your agency is requesting to be reimbursed for budget line items A through R in which dollar amounts do not appear on the budget that is part of your contract, indicate below the category and amount of the request, complete, sign, and date the Budget Modification Request Statement.

This modification form must be completed, signed by an authorized agency officer, and submitted along with the reimbursement request documentation materials.

### Budget Line Item Category Modification Request

Agency		City Staff
Budget Line Item Category	Reimbursement Amount Requested	Reimbursement Amount Approved

### Budget Modification Request Statement

We \_\_\_\_\_ do hereby request a

Agency Name

modification to the budget which appears in our NTDF contract, by adding the above budget line item categories and corresponding dollar amounts.

Requested by \_\_\_\_\_ Date \_\_\_\_\_

Authorized Agency Officer

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Contract Administration Manager, Neighborhood & Community Services Department